

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORENDA DEPARTMENT OF STATE  
Sandra B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J80396** (1)

1. Corporation Name  
**SUPER SITTERS, INC.**



Principal Place of Business: **5375 EMERALD ISLE DRIVE ORLANDO FL 32812**  
Mailing Address: **5375 EMERALD ISLE DRIVE ORLANDO FL 32812**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 25 Suite, Apt. #, etc. 26 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **06/30/1987**  
3a. Date of Last Report: **06/26/1995**  
4. FEI Number: **59-2836919**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**MORSE, KENNETH D.  
501 N MAGNOLIA AVE  
SUITE A  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0742 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE: **D** [ ] DELETE  
NAME: **RACKER, MARIANNE N.**  
STREET ADDRESS: **5375 EMERALD ISLE DR**  
CITY-ST-ZIP: **ORLANDO FL**  
TITLE: **D** [ ] DELETE  
NAME: **LEONARD, MARY E**  
STREET ADDRESS: **2609 LAWTON BLUFF RD.**  
CITY-ST-ZIP: **CHARLOTTE N.**  
TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. 1. TITLE [ ] Change [ ] Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY-ST-ZIP:  
2. TITLE [ ] Change [ ] Addition  
20 NAME:  
23 STREET ADDRESS:  
24 CITY-ST-ZIP:  
3. TITLE [ ] Change [ ] Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY-ST-ZIP:  
4. TITLE [ ] Change [ ] Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY-ST-ZIP:  
5. TITLE [ ] Change [ ] Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY-ST-ZIP:  
6. TITLE [ ] Change [ ] Addition  
62 NAME:  
63 STREET ADDRESS:  
64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or subsequent annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if change of or appointment with an address.

SIGNATURE: *Marianne N. Racker* **MARIANNE N. RACKER** 3-29-96 407-277-3601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)